

DA CHILD/SPOUSE ABUSE INCIDENT REPORT

For use of this form, see AR 608-18; the proponent agency is OACSIM.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To provide essential background information to develop a service plan for each child and family involved in emergency placement.

ROUTINE USES: To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse.

Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.

DISCLOSURE: Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.

SECTION I - ADMINISTRATIVE DATA

1a. CASE NUMBER (YYYYNNNN) 1b. SEQUENCE (A-Z) 2. INSTALLATION/MTF CODE 3. DATE INCIDENT REPORTED (YYYYMMDD)

4. TYPE OF VICTIM 5. FATALITY 6. PREVIOUSLY KNOWN TO THE CENTRAL REGISTRY 7. NUMBER OF 2ND OFFENDERS

☐ CHILD ☐ SPOUSE

☐ YES ☐ NO

OFFENDER: ☐ YES ☐ NO
VICTIM: ☐ YES ☐ NO

8. INITIAL REFERRAL TO FAMILY ADVOCACY (Source) (Choose One)

a. MILITARY

☐ LAW ENFORCEMENT
☐ MEDICAL/DENTAL
☐ FAMILY CENTER
☐ CHILD CARE/SCHOOL
☐ COMMAND
☐ CHAPLAIN
☐ OTHER

b. CIVILIAN

☐ LAW ENFORCEMENT
☐ MEDICAL/DENTAL
☐ SOCIAL SERVICES
☐ CHILD CARE/SCHOOL
☐ CLERGY
☐ OTHER

c. OTHER

☐ NEIGHBOR/FRIEND/RELATIVE
☐ SELF-REFERRAL, VICTIM
☐ SELF-REFERRAL, OFFENDER
☐ DEFENSE LOGISTICS AGENCY
☐ NATIONAL SECURITY AGENCY
☐ US ARMY RECRUITING COMMAND
☐ OTHER

9. TYPE OF MALTREATMENT INITIALLY REPORTED (Choose all that apply)

☐ PHYSICAL ☐ SEXUAL ☐ EMOTIONAL ☐ NEGLECT

10. RELATIONSHIP OF ALLEGED OFFENDER TO VICTIM (Complete EITHER a or b)

a. INTRAFAMILIAL (Choose One)

☐ PARENT (Natural, Step, etc.)
☐ SPOUSE
☐ SIBLING
☐ OTHER FAMILY MEMBER

b. EXTRAFAMILIAL (Choose One)

☐ EXTRAFAMILIAL CAREGIVER
☐ MILITARY CHILD CARE CENTER PERSONNEL
☐ MILITARY FAMILY CHILD CARE PERSONNEL
☐ MILITARY YOUTH PROGRAM PERSONNEL
☐ DOD TEACHER/OTHER DOD SCHOOL PERSONNEL
☐ OTHER DOD CAREGIVER
☐ RELATIONSHIP UNKNOWN

11. INCIDENT CHRONOLOGY (Enter CRC Date and complete either a, c and d or b, c and d)

CRC DATE (YYYYMMDD)

a. UNSUBSTANTIATED

☐ DID NOT OCCUR
☐ UNRESOLVED (Choose all that apply) ☐ PHYSICAL ☐ SEXUAL ☐ EMOTIONAL ☐ NEGLECT

b. SUBSTANTIATED

INCIDENT ☐ INITIAL ☐ SUBSEQUENT INCIDENT ☐ REOPEN

TRANSFER IN ☐ FROM MTF: _____

CLOSURE ☐ INTERVENTION/TREATMENT NO LONGER NEEDED ☐ VICTIM DIED
☐ MALTREATMENT REDUCED OR NO LONGER PRESENT ☐ VICTIM/OFFENDER REFUSED TREATMENT
☐ SPONSOR AND/OR FAMILY MEMBER NO LONGER ELIGIBLE FOR CARE ☐ TRANSFER OUT - MTF TRANSFER TO: _____

c. INVESTIGATIONS

☐ CHILD PROTECTIVE SERVICES ☐ SWS (Overseas)
☐ MILITARY LAW ENFORCEMENT ☐ NONE
☐ CIVILIAN LAW ENFORCEMENT

d. VICTIM PROTECTIVE ACTIONS

☐ CHILD REMOVED FOR SUBSTITUTE CARE ☐ OTHER SAFETY ACTIONS
☐ SPOUSE SHELTERED ☐ NONE
☐ OFFENDER REMOVED FROM HOME
☐ OFFENDER REMOVED FROM ACTIVITY

IF UNSUBSTANTIATED

STOP!!

GO NO FURTHER

SECTION II - SPONSOR INFORMATION					
12. SOCIAL SECURITY NUMBER		13. NAME <i>(Last, First, MI)</i>		14. SPONSOR ROLE <input type="checkbox"/> ALLEGED OFFENDER <input type="checkbox"/> NEITHER <input type="checkbox"/> VICTIM	
15. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD			16. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD		17. RANK/PAY GRADE
<input type="checkbox"/> US PUBLIC HEALTH SERVICE <input type="checkbox"/> NAT'L OCEANIC ATMOS ADMIN (NOAA) <input type="checkbox"/> RETIREE (Any Uniformed Service) <input type="checkbox"/> FEDERAL CIVIL SERVANT <input type="checkbox"/> CIVILIAN (Incl Govt Contr OCONUS)					
SECTION III - VICTIM INFORMATION					
18. FMP	19. SOCIAL SECURITY NUMBER		20. NAME <i>(Last, First, MI)</i>		21. BIRTHDATE <i>(YYYYMMDD)</i>
					22. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
23. RACE/ETHNICITY <input type="checkbox"/> WHITE <i>(Not Hispanic)</i> <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			24. ALCOHOL INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		25. DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
					26. DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
27. CLINICAL INTERVENTION PROVIDED BY <i>(Choose all that apply)</i> <input type="checkbox"/> FAP PERSONNEL <input type="checkbox"/> NON-DOD PROGRAM <input type="checkbox"/> OTHER DOD PROGRAM <input type="checkbox"/> NO TREATMENT PROVIDED				28. INCIDENT OCCURRED <input type="checkbox"/> ON INSTALLATION <input type="checkbox"/> OFF INSTALLATION	
SECTION IV - ALLEGED OFFENDER INFORMATION					
29. SOCIAL SECURITY NUMBER		30. NAME <i>(Last, First, MI)</i>		31. BIRTHDATE <i>(YYYYMMDD)</i>	
				32. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
33. RACE/ETHNICITY <input type="checkbox"/> WHITE <i>(Not Hispanic)</i> <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			34. ALCOHOL INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		35. DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
36. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD			37. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD		38. RANK/PAY GRADE
<input type="checkbox"/> US PUBLIC HEALTH SERVICE <input type="checkbox"/> NAT'L OCEANIC ATMOS ADMIN (NOAA) <input type="checkbox"/> RETIREE (Any Uniformed Service) <input type="checkbox"/> FEDERAL CIVIL SERVANT <input type="checkbox"/> CIVILIAN (Incl Govt Contr OCONUS)					
39. MARITAL STATUS <input type="checkbox"/> SINGLE <i>(Never Married)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY			40. CLINICAL INTERVENTION PROVIDED BY <i>(Choose all that apply)</i> <input type="checkbox"/> DIVORCED <input type="checkbox"/> FAP PERSONNEL <input type="checkbox"/> NON-DOD PROGRAM <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER DOD PROGRAM <input type="checkbox"/> NO TREATMENT PROVIDED		
41. TYPE/SEVERITY OF MALTREATMENT <i>(Enter the corresponding severity code for each type of maltreatment alleged in the incident)</i> 1 = MILD 2 = MODERATE PHYSICAL _____ SEXUAL _____ EMOTIONAL _____ NEGLECT _____ 3 = SEVERE					
42. RELATIONSHIP OF ALLEGED OFFENDER TO VICTIM <i>(Complete EITHER a or b)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. INTRAFAMILIAL <i>(Choose One)</i> <input type="checkbox"/> PARENT <i>(Natural, Step, etc.)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER FAMILY MEMBER </div> <div style="width: 45%;"> b. EXTRAFAMILIAL <i>(Choose One)</i> <input type="checkbox"/> EXTRAFAMILIAL CAREGIVER <input type="checkbox"/> MILITARY CHILD CARE CENTER PERSONNEL <input type="checkbox"/> MILITARY FAMILY CHILD CARE PERSONNEL <input type="checkbox"/> MILITARY YOUTH PROGRAM PERSONNEL <input type="checkbox"/> DOD TEACHER/OTHER DOD SCHOOL PERSONNEL <input type="checkbox"/> OTHER DOD CAREGIVER <input type="checkbox"/> RELATIONSHIP UNKNOWN </div> </div>					
SECTION V - AUTHENTICATING OFFICIAL					
43. NAME AND TITLE OF CRC CHAIRPERSON			44. SIGNATURE		45. DATE <i>(YYYYMMDD)</i>